

GOVERNMENT RECORDS ACCESS AND MANAGEMENT ACT REQUEST FOR DCFS RECORDS

Please complete this form by **printing** or **typing all requested information**. Incomplete or inaccurate information will result in delaying your request for records.

Referral/Case Number (If Available) _____

Requester's Full Name _____

Requester's Address _____

Requester's Telephone No. (Home) _____ (Work) _____ (Cell) _____

Requester's Date of Birth _____ Social Security Number _____

Mother of Children (Full Name) _____

Other names used (initials, nickname, middle name, married, and unmarried names) _____

Date of Birth _____ Social Security Number _____

Father of Children (Full Name) _____

Other names used (initials, nickname, middle name, married, and unmarried names) _____

Date of Birth _____ Social Security Number _____

Names and Date of Birth of all children that were living in the home at the time of this referral _____

Please describe (as specifically as possible) the type of record(s) you are requesting _____

If these records are not generally open to the public, indicate below to show why you are entitled to access.

- ☐ I am the subject of the record (that is, the record is about me). Attached is a copy of my photo I.D.
- ☐ I am the parent or legal guardian of an unemancipated minor who is the subject of the record. Attached is proof of both my identity and the identity of the subject of the record. (Example: Photo I.D. of parent or legal guardian, and copy of minor's birth certificate.)
- ☐ The subject of the record has given me a signed and notarized release, which I have attached. *
- ☐ The subject of the record gave me power of attorney. Attached is the documentation. *
- ☐ The record is classified as protected, but I am a physician, psychologist, certified social worker, insurance provider, or agent. The subject of the record gave me a signed and notarized release, which I have attached. *
- ☐ Other (please explain) _____

I understand that I must pay copying fees, unless I am the subject of the record, or unless I am entitled to a fee waiver under Rule 495-810-2 of the Department of Human Services, or pursuant to UCA 63-2-203(3). I authorized copying costs of up to \$_____ and I further understand that DCFS will contact me if the copying costs are greater than the amount I have specified.

☐ I am entitled to a fee waiver because _____

☐ I qualify for an expedited response under UCA 63-2-204(3).

By signing below, I promise not to disclose these controlled records to the subject, or anyone else, except where Utah Law authorizes such disclosure.

Requester's Signature _____ **Date** _____

* The attached release must be current (date no more than 90 days before this request).

Please return this form to: